## A COPY OF YOUR TICKET MUST BE SUBMITTED WITH YOUR INITIAL REQUEST FOR REVIEW

CITY OF GLENDALE c/o Parking Citation Service Center P.O. Box 11923 Santa Ana, CA 92711-1923 (866) 450-2530

## **REQUEST FOR INITIAL REVIEW**

TODAY'S DATE:	CITATION NO
NAME:	DATE OF VIOLATION:
ADDRESS:	ISSUING OFFICER: ID#:
CITY, STATE, ZIP:	REGISTERED OWNER? YES NO (CIRCLE ONE)
DAYTIME PHONE NUMBER (INCLUDE AREA CODE	):
issued, or <b>14 days</b> from the mailing of the Delinquent Notic <b>submissions will not be accepted.</b> Mail or drop off your constatement as to why you believe the Parking Violation Notice.	and 40215, you have <b>21 days</b> from the date the violation notice was ce of Parking Violation to submit a request for an Initial Review. <b>Late</b> ompleted form to the above listed address. Please provide a written ce was issued in error. Include any material (e.g. receipts, pictures, etc.) to ion. Materials submitted for review will not be returned. Please allow 4-6 itement in the space provided below.
I DECLARE, UNDER PENALTY OF PERJU	URY, THAT THE FOREGOING IS TRUE AND CORRECT.
Signature:	Date:
The results of the Initial Review	will be mailed to the address you provide above.
FOR OFFICE USE ONLY	OFFICER'S STATEMENT
INVESTIGATED BY:	DATE OF REVIEW:
CITATION TECHNICALLY VALID	☐ CITATION NOT TECHNICALLY VALID
☐ PAYMENT REQUIRED	☐ CANCELLED/DISMISSED
COMMENTS:	

If your citation is upheld, payment must be received within 21days of the Date of Review or additional fees will be imposed.

If your citation is upheld and you would like to request an Administrative Hearing, full payment is required within 21 days of the Date of Review. Please complete the form provided and follow the detailed instructions. All original paperwork must accompany your request.